

“Tobacco is harder to get off of than cocaine. It is that addictive. People have an easier time walking away from a cocaine addiction than they do from tobacco. It is a very real physical problem.”

“I think smoking is where alcohol was, and I think we will eventually get to where it is seen as just a serious offense for a youth as alcohol. Because it is certainly just as damaging.”

“‘Outrage’ is the most appropriate adverb to describe how we should view tobacco use, because it is outrageous that our health care costs are so high simply because people choose to smoke. I hope that someday right next to the surgeon general’s warning on the pack that there is a little note that says imported product, that’s my hope. It means that there is no ability to produce tobacco in this country.”

Rural Assessment Interviews Summary

Cross Cultural Health Care Program

Process:

On August 1, Dave Harrelson forwarded seven names and phone numbers to CCHCP for the Rural Community Key Informant Interviews. Alison Pence, of CCHCP, called all and left messages for those whose voice mail indicated that they would return the phone call. Follow up calls were made before she left for Atlanta on August 12. While she was in Atlanta, Monica made follow up calls and if someone returned Alison’s calls, she scheduled an interview. When Alison returned from Atlanta, she found that only a few people had responded. Again, she called. August was probably the worst time to try to reach people, as many were taking vacations. However, Alison managed to conduct eight interviews. In order to get the recorded interviews to the transcriptionist, and have time to write the report, interviews were cut off September 10.

After the first interview, CCHCP decided to purchase a recording device, record the following interviews and have them transcribed, since it is difficult to conduct an interview and take notes at the same time.

The list of interview questions was either e-mailed or faxed to everyone in advance so that they would have time to think about their responses. Nevertheless, the first interviewee had totally forgotten about the interview, and just happened to walk into the office minutes before the scheduled call. He had not looked at the questions sent to him. His answers were very short; in some instances only one or two words. Perhaps if the interview had been recorded, Alison would have been able to ask him more questions to elicit better answers.

Generally, each interview lasted anywhere from 20 minutes to 40 minutes, depending on how much the interviewee had to say. Interviewees were given ample time to elaborate

on each response. In some instances, further questions were asked in order to clarify what interviews were saying.

In addition to the interviews above, Leslie Benoit, Regional Director of the American Lung Association of Washington in Yakima, completed the rural community tobacco assessment interview questions. Her responses have been included in this report.

The rural communities interviewed included Jefferson and Lewis in the west, Skamania and Klickitat in the south, Chelan, Skykomish and Kittitas in the center of the state, and Douglas and Adams to the east. Yakima County was represented by a written response to the interview.

People speaking on behalf of their communities were:

Leslie Benoit, Regional Director of the American Lung Association of Washington, Yakima County

Marney Boyer – Public Health Nurse, East Adams Rural Hospital, Adams County

Stacy Doss – Health Educator, Klickitat County

Carl Erickson – Lewis County

William Higgins – Skykomish School District Principal and Superintendent

Carol McCormick – Douglas Together for Drug-Free Youth, Chelan-Douglas County

Karen Potts – Tobacco Prevention Coordinator, Adams County Health Department

Kelly Regan – Jefferson County

Ann Riley – Kittitas County

Linda Strandemo – Public Health Nurse, SW Washington Health District, Skamania County

Format:

The first five questions dealt with tobacco and community issues. The next three pertained to tobacco prevention and included questions on strengths and weaknesses of the community toward supporting tobacco prevention and control. Questions 8 and 9 were concerned with tobacco cessation. The next section dealt with the tobacco media, and the final section with tobacco policy. Frequently, participants tended to repeat their answers to questions.

TOBACCO AND COMMUNITY ISSUES

1. Do you see tobacco as a problem in your community? Why or why not?

All nine communities viewed tobacco as a problem in their community. They were concerned about the impact on health-related issues, chewing tobacco use among youth, and second hand smoke.

Specific populations that they determined were most susceptible:

- school students, teenagers
- youth up to college age and a little bit beyond

- 18 – 34 years old and households with children 18 & younger

Their views were based on:

- An assessment (the data told them that the 18 – 34 year olds was the group with the problem)
- Client observation (“a lot of the clients that we see, especially for family planning, for our WIC program, maternity support services, a lot of them are smokers. Or if they are not smokers, there are definitely people in their household that are smokers or tobacco users in general.”)
- Survey data from the schools

The reasons they identified for the problems of tobacco and the higher use included limited cessation programs, lack of exposure to people suffering from the effects of tobacco, resistance to government regulations and behavior change:

- Influence of tobacco users and acceptability:
 - “It is more accepted to smoke indoors and around children and everything [in the upper county]. It is still more pervasive and more accepted within Ellensburg than in other parts of the state, like on the west side of the state.”
 - “I work a lot with youth, and I think that the pervasive attitude, so many parents smoke and that sort of thing, that many of the youngsters grow up thinking that is a normal thing, and we are really trying to combat that, but when it is a social norm in the area it is hard to do.”
 - A lot of restaurants actually do not have non-smoking areas
- Rural locale
- Lower income levels, so there was just not as much money in the community.
- Lower education levels - not understanding the long-term effects of tobacco. Prevalence and opportunity make it more difficult for people to understand the health risks. Furthermore, there is not enough exposure in the community to people who have suffered from the effects of tobacco, “Those people are either in the hospital or in hospice or in some other type of situation or they are not coming forward with the effect on them personally.”
- Sparse public education around tobacco.
 - “We kind of fall in somewhat of a black hole about getting any media out here.”
 - “All of our media comes out of the Portland market, out of Oregon, so we don’t see a lot of the media campaigning that the state has been doing other than materials that we get and kind of distribute throughout the community.”
- Lack of cessation resources. “No access locally to any cessation classes, previous to the last year.”

- Strong community resentment to a lot of laws and impositions on changes in their life (e.g. having to have non-smoking areas, or having to go outside to smoke). “This type of cultural change has been very hard for our community.”

Actions and solutions varied from feeling that they were just at the very beginning to having active coalitions and activities:

- “So just changing social norms around here is kind of where we are at. We are a little bit further behind, I think, than some other counties in addressing tobacco use.”
- “I sit on a tobacco coalition here in the county and we talk about the problem with the high school, special intervention. The person from the ESD 112 and our tobacco specialist here at the Health Department comes, and the Sheriff and several other community members, and we all try to figure out ways that we can help to stop smoking. We do a lot of outreach and community activities, but other than those kids that are diverted for sports reasons, you know, they are caught smoking and they’re on the football team or something and they have to go to those mandatory classes at the high school, really we have had very poor turnout for people giving the smoking cessation classes.”

1. Do you think members in your community want to stop using tobacco? Why or why not?

There is the question of how to measure whether or not people want to stop using tobacco. “I don’t know what the statistics are. I don’t know if that is easy to get, or accurately, because maybe people one day do and the next day don’t want to quit.”

Generally, the communities thought some members wanted to stop using tobacco. They ranged from a few to an enthusiastic majority of smoking members. “We have a lot of smokers, but we also have a lot of smokers that would like to quit, and the phone survey that was done in 2001 on all of the counties, about 72% of our current smokers wanted to quit smoking. We have a higher rate than the state of current smokers that want to quit.”

Age of the member, or relationship to the smoker was cited as being influential to wanting to quit. Older people were viewed as being more willing to quit than younger ones.

- “The older they get the more concerned they are.” “They understand really well the health effects and they see what it is doing to their budget.”
- “I think some kids that smoke may not want to stop smoking because of the status symbol that it seems to provide in their thinking. In addition to the fact that a lot of kids may see themselves as invulnerable, which we know isn’t true, but they think so.” “They don’t want to stop, because they don’t really feel it is having an impact on their life. They still feel that ... socially there is an advantage to smoking.” “I really run across a lot family members, particularly wives and children who would really like dad to quit.”

They indicated stages of “readiness” to quit smoking from not wanting to quit, to precontemplating quitting, to wanting to but putting it off, to expressing a readiness to quit, to actually quitting:

- “Some people are also clearly satisfied with their use. I talked with a gentleman a couple of weeks ago, at the Morton Loggers Jubilee, and he had smoked for 59 of his 69 years, and was not at all convinced that he was addicted, so he actually wasn’t lighting one off of the other, but he was putting one out and then lighting another one up almost immediately thereafter. I sat and watched him and he didn’t think he was addicted, thought he could quit anytime that he wanted to, wasn’t concerned.”
- “Based on one of the surveys that the State Department of Health did, it looked like a lot of them had not considered quitting. I was looking through the county profiles a few days ago, so I think some of them are in the pre-contemplation stage, they aren’t really even contemplating it yet, and so that is why that is kind of where we are focusing our efforts, trying to get people to just kind of look at tobacco use as a problem, and the next step is for us to try and offer some cessation support for people here, and we can get to that later too.”
- “I have talked to some of the women that use our family planning services that continue to smoke even knowing the dangers of cervical cancer, and a lot of them say that they want to but that they just don’t have the time in their life to deal with the stress issues or they are afraid that they will gain weight or they just have tried before and they just don’t want to go through it again, and they are very resistant to even trying.”
- “I have spoken with people at public events where we have had information booths and people are interested in quitting.”
- “Every year there are like one or two individuals who actually do quit smoking and we give them kudos and stuff.”

The counties are frustrated, because when people do come to them for help, often they have little or nothing to offer:

- “There is an interest in cessation and I think that is one thing that is a big concern is the lack of good cessation resources here.”
- “I don’t get many comments at the health district from folks that would like to quit. They know that there aren’t any cessation programs available here, so I don’t get many folks coming to me for that.”
- “I do get phone calls about once or twice a year about people looking for help or classes, patches, those kinds of things, and I just always have to refer them out of the community, basically.”

1. Do you know individuals in your community who are actively involved in tobacco prevention efforts?

Answers varied widely from the negative to the affirmative, with some communities listing specific individuals. Some cited prevention organizations, rather than individuals. “Individuals and organizations are involved, but we usually don’t have individuals participating that are not part of some organization.” Listed among those organizations

were the health department, prevention organizations, hospital, schools, and the university.

For those listing individuals, some differentiated between those for whom “it was their job” and those for whom it was not their main responsibility, “we have folks in our own school, a lot of our school personnel.” Then there were some apparently “goodly minded” souls. “Dr. Larson, who is a dentist and does go into the schools and tries to talk to students and students in his practice, and when he goes to health fairs or any other fairs, he tries to talk to young people about the effects of chew tobacco and smoking on their health.”

Along with adults, one community mentioned youth. “I have a couple of teenagers in my practice who are involved in smoking prevention programs in the schools and some state programs. One of them just went to a big conference.”

They lamented the fact that there were so few individuals to draw upon. “There are a lot of people that want something, but there are not a lot of people that are kind of on the team, unfortunately.” They also lamented a lack of resources. “They want something to help the kids, but they don’t really have anything to put forward and partner with.”

On a positive note, some communities have formed coalitions from community members and concerned individuals. “The CMASA (community mobilization for the prevention of substance abuse) board is spearheaded and funded by the county through the Sheriff’s office and then there are up to eighteen people who serve on this board, of which generally every month somewhere between eight and twelve people come to the meetings, and we have strategized, you know, different activities around no smoking. We also work with the parks and rec. who is on the board, and the health district tobacco prevention specialist is also part of that.”

Who are the people in your community that need to be involved to make changes around the tobacco problem in your community?

Basically communities cited the same list as above of people that need to be involved to make changes in the community, but this time included business leaders and media.

- The Board of Health should take the lead: “However, that many not be realistic because of the size of the organization.” “I think it is important that they set a climate that is open to discussing issues surrounding tobacco and things like secondhand smoke.”
- Media needs to have a more active role in promoting issues about tobacco.
- Hospital needs to play a big role: “We don’t have a whole lot that the hospital does other than some work with cessation in the areas of tobacco, but they are a really important piece.”
- Schools, including “board members, staff, parents, definitely students. If we can make a positive effect on them as students and the likelihood of their smoking decreases, and then the likelihood of the host of problems that come from smoking

will also decrease.” Students are really key in getting the word out. Heather Hoffberger who works on a grant at the high school.

- County and local government are “pretty integral in making policies that makes tobacco use less socially acceptable. I think that our county commissioners would definitely be on that list. The people that are doing the prevention work, of course the county supports various types of prevention work.”
- Influential people: “business leaders” “the key movers and shakers. We need to get the mayors on board in our various communities, and I think individuals that are pretty active in making social change. Up in Leavenworth you would have Harriet Bullet. She is just a household name there. I think if we could get her interested at some level in the tobacco issue and doing some type of community awareness around it that would go a long way because her network is just so huge.”
- Health care providers. “She has talked to numerous people in her practice that would like to quit smoking and I know that she discusses that issue with folks.”
- Law enforcement agencies
- People in the community
- The area coordinator for the American Lung Association “is a great advocate ...and she is a great big help to me in our local alcohol and drug advisory board, has been helpful in giving some direction toward the kind of activities that they would like to see happen.”

4. Do you know what organizations in your community are actively involved in tobacco prevention efforts?

None, reported two counties: “ We have very few organizations in our community at all. The Lion’s Club is one and of course their major focus is sight, hearing and diabetes. So, while some of those things are affected by smoking, probably not totally. So I would say that we probably have no organizations doing anything about that other than in the school, our tobacco intervention/prevention program.” However, the goals of at least one county’s tobacco plan is to identify those groups that could help support tobacco prevention efforts.

Schools were mentioned at least five times. “The schools are all involved in the community coalition as well as in prevention activities within their own fields.” They “have a mandate to teach a certain amount of tobacco education to their students at different years.” “The schools are willing participants ... if we can bring something to them.”

At least six informants listed the Health Department/Health District (which is where most of the tobacco prevention funding is going). “It is pretty much the health district doing work around secondhand smoke.” Together for Drug-Free Youth has been subcontracting with the health district for seven years to do tobacco work.

Hospitals were cited four times. “The hospital could be more active, but is active in doing prevention for tobacco, especially work around cessation.” “The hospitals really aren’t doing too much with it as far as even assessing smoking status. I was working with

someone in the hospital up in Goldendale and they said that they ask the smoking status the very first time they see a patient and then they never ask again type of a thing, so it is not really a priority.” “It is not on their vital stats forms that they fill out. So we are working with them and trying to get some of that stuff changed.”

Other organizations mentioned included:

- The university, specifically Wildcat Wellness which is a student preventative health group on campus.
- Alcohol and drug dependency services
- Parks and recreation department
- The counseling center
- Juvenile department
- ALAW
- Triumph Treatment Center
- Prevention organizations, like alcohol, drug and treatment center is one of the big supporters of tobacco prevention and works with our coalition.

What organizations in your community need to be involved to make changes around the tobacco problem in your community?

Health care providers and hospitals need to be more involved, and there was some discussion about doing outreach to bring them in. The full list included:

- The Board of Health
- The hospital
- Agencies like the American Cancer Society, the American Lung Association
- Youth oriented organizations, YMCA, YWCA, Headstart, 4H, and other groups that work with kids
- The Chamber of Commerce “has been real supportive and they are actually taking the new smoke-free guide out and making sure that it is available at all of the tourist sites”
- Senior centers
- Faith communities. “Many of the churches have a lot of very active youth groups, so I think those organizations would be prime to be able to get them on board with anti-tobacco and get their youth going. In my mind, the whole thing has to be a social shift, a change in thinking from it is socially important to it is a socially negative thing, and the only way that we are going to get there is through a realization by the kids. They’re the ones that are starting up.”
- Government and law enforcement agencies.
- Business leaders.
- The medical community, including community counseling, the pharmacist
- The Community Mobilization Board.
- Media: “Newspaper, it would be nice if they were more involved, but they have been real good about getting our events published and the word out so they have been very cooperative, they’re just not in on the planning phase.”

TOBACCO PREVENTION

5. What do you think your community's attitude is about supporting tobacco efforts?

Three counties felt the community was supportive. But generally, reactions were qualified. Most felt that while support was more positive for tobacco prevention initiatives oriented toward youth (“they see it as a gateway drug”), it was not sympathetic for adult cessation activities. “Overall, the community is pretty supportive of doing youth prevention efforts. They are not at all supportive of anything that targets adults and their smoking.”

Support was also tied into the issue of taxpayer dollars and limited governmental roles. “Even though people are not necessarily in favor of tobacco use, they are not in favor of government intervention on those kinds of issues, and so I think that for example that it is a very good thing that the money that comes to the Department of Health for tobacco prevention is from the tobacco settlement, so people that are concerned, and I have run across this, that we are wasting taxpayer's dollars to do this, to try to stop something that is legal, and I always point out that it's actually cigarette smoker's dollars that we are spending in that way. That is actually somewhat of a relief. I think people are very concerned about intervention, they want limited government, so I think that is a very pervasive attitude.”

Finally, support was tied to the fact of whether or not the population smoked:

- “Most people in our community that don't smoke are interested in prevention efforts and the people who do smoke, a small percentage are interested in prevention efforts and would support them.”
- “I don't feel like people who are smoking, even though they may really want to quit, I don't think they are quite ready to hear about it from myself or from the youth. It's like, ‘I'll do it if I want to, but you leave me alone.’ I don't think that is unique to tobacco, because we have run across the same thing when we have tried to get diabetes support groups going and things like that. People just don't want, they know they have a problem; they just don't want to hear about it.”

Geography was also mentioned as a factor.

- “The further east you get in our county, I think the less supportive they can be of some of the tobacco prevention efforts, because our community is pretty diverse. On the western end of the county, they are a little more open to different ideas, and a little more focused on their selves. ...I think a lot of people live in the rural areas because they don't want to be messed with. It is like ‘I live here, I do my thing.’”

Finally, there was disappointment expressed about the lack of support from community leaders.

- “I have had a run-in with one of our commissioners, even on doing tobacco compliance checks in our community, they just don't feel that that is the role that the health department should be doing. So when you are not even supported by

community leaders on your efforts it makes it really hard. And they are tobacco users as well, and it is like, well, it really shouldn't affect how they look at the health of the community, but I don't think they view it as a problem anyway. So it is frustrating."

Would they spend money, time, offer space for meetings, or donate staff time for these efforts?

Five communities indicated that hotels and organizations would donate meeting space. Some mentioned in-kind donations of food for an event. Staff time was viewed as a scarce commodity with three communities saying it was not available and only one saying it was. "There is so little amount of staff that I just don't see people being willing to donate staff time other than the time it takes to attend a meeting, but to work on any kind of actual project, I don't see that happening." Of course little to no money was perceived as being available. One person mentioned that if activities were limited to just tobacco prevention, resources would not be available, but might if the activities were related to drugs and alcohol.

Lack of resources and willingness of people to meet can lead to creative endeavors. "They have so many things that they are doing and no one has a great deal of time to spend on any one thing, and asking them to come to one more type of meeting, or one more thing like that is asking a lot, and a lot of them just can't do it even if they are interested. That had a lot to do with piggybacking my coalition title onto the PAID group, because it was a group of community people that already meet, they could put my tobacco issues in with all of the other things that they are already discussing and no one has to go to another meeting."

Are leaders in your community involved in prevention efforts?

Three communities said leaders were not involved in prevention efforts.

- "They pretty much look at themselves as more like they regulate what we do rather than try to promote what we do, so they kind of try to keep us from overstepping our bounds of what we do in tobacco prevention. I am mainly speaking of like the board of health, where we see that kind of attitude where it is very cautious and conservative as to what they are willing to okay that we do. "
- "They would maybe say that they're somewhat involved or at least have concerns or interest in general health issues, but as far as the tobacco issue on its own stands, I doubt very much that any of them would stand up and say 'Oh yes, I support that, we need to do more.' I think they would support it more if it were aimed towards the youth, because our community seems to be very supportive of youth activities, but when it comes to the adults, I think that is where they shy away."

Concern was expressed that "leaders here come and go pretty fast because they are on a rotating schedule, and so some leaders have been and some leaders really aren't interested in it."

Other counties said leaders were more involved. They mentioned schools, the Lion's Club, town council people, commissioners, public health officers, law enforcement, lodge leaders. In offering a reason why leaders might be involved, one county stated that "meth is a real big issue here in this county and I think that it draws attentions to all kinds of illegal use, whether it is illegal drug use for all ages or just illegal use access issues for tobacco."

5. What strengths or assets does the community have to support tobacco prevention and control?

- Healthy adult population
- Caring community: "We have community members who care, who care about kids and care about people in general. They care about each other. I think that is one of the things that they care about, at least some aspects of wellness."
- Small community - everybody knows everybody. "Everybody knows how old Johnny is down the street, and I think that goes a long way in helping with the control issue."
- Concern about second hand smoke issues for their children. "Communities in this area will do absolutely anything for their kids. If they recognize something as a worthwhile program or they see kids getting to do good things because of a program, you get a great deal of support, maybe not necessarily financially, but at least with people who back what you are doing."
- Great infrastructure amongst social service and nonprofit organizations: list serve, collaboration between agencies, willingness to work together, good network. "We have had a lot of cooperation between the courts and the schools and the Health Department and the counseling center and the welfare office. I mean everyone really cooperates well. We all know that we are in the same boat trying to achieve the same goals and we have been combining our resources and our energies to that effect for several years now."
- Supportive board of county commissioners
- Community orientation toward the outdoors: "Just the fact that Lewis Co. is sort of an outdoorsman type of community, we have a lot of camping, hiking, fishing, hunting type activities that are sort of directed toward healthy living, and I think that certainly tobacco prevention fits into healthy living."
- Involved school districts:
 - "The reason we are focusing on using youth groups because they have ...the most to gain and the most to lose by their efforts or their lack thereof."
 - "The schools really are the inroad to the kids, and so they're willing to give us time. Most of the time the teachers are pretty receptive."
- Department of Health media campaign (billboards around town going up).
- Youth [tobacco] possession laws in three of the communities
- Prevention activities like Together for Drug-Free Youth, TATU (Teens Against Tobacco Use) teams. TATU "is becoming a very hip thing for kids to belong to."
- Small department size. "We can make things happen fairly simply. We are not so overwhelmed on our schedules that we can't usually squeeze in one more meeting."
- Lots of highly educated people

- Public TV channel connected to the school that permits the health department to feature information on health issues. “I know plenty of folks are involved in the school in some way. This channel is totally sponsored by the school, and they would go to that channel to find out information about times or dates and information about what their kids might be doing in school, so if they are watching that scroll by, and every third or fourth message is something to do with some sort of health issue, they are going to see it.”

What weaknesses, barriers, or obstacles does the community have that make tobacco prevention and control difficult?

- The community does not support issues relating solely to tobacco.
- Not identifying partners that can help support the program.
- Lack of community infrastructure: “We don’t have community groups.”
- Very limited resources of staff and money. “All of the agencies ... are always short-handed. People wear a lot of different hats, do a lot of different programs, so that is definitely one of our obstacles and trying to get other groups really working with tobacco prevention, they have many other commitments, which is usually one person doing all of those other commitments.”
- Very low socioeconomics. “I would say it is one of those depressed kinds of areas and it seems to me in those depressed areas that people have a tendency towards smoking and drinking.”
- Lack of education.
 - “There are quite a number of people who don’t believe that tobacco is bad for you. Not only do they not care, but they don’t believe it.”
 - “The county fair would allow tobacco companies to come in with a demonstration of chew at the fair, and let people come up to the table and try the different kinds of chew. I finally went to the head of the fair and said, ‘Do you realize what is happening here? At this fair you are promoting tobacco products.’ As soon as they really thought about it they stopped it. But the people who had allowed it were smokers and the person who stopped it wasn’t.”
- Lack of decent school prevention programs.
- Peer pressure and resistance to change. “There is still a large societal acceptance of smoking tobacco. There is a lot of peer pressure among the youth to use or to try it... insistence from the outside that this is still a good thing.”
- Rural county, sparsely settled, with geographic barriers. Not enough people in one place to support a program.
- Lack of public transportation, long distance between ends of the county (50 to 60 minutes apart), and inability to get off work to attend programs.
- Diverse cultures, including a separate nation (Yakima nation) and language problems.
- Attitude of not wanting any government controls and thinking that tobacco is a personal issue and no one else’s business.
- Boredom: not always a lot to do in rural areas.

5. What types of tobacco prevention and control activities already exist in your community?

- The Washington State Quitline
- Cessation programs and classes, a weekly support group
- Compliance checks. “The state requires compliance checks as well as ones that we do on our own.”
- A community coalition
- Information booths at fairs, youth fairs, and various different venues around the county. “Each little community has their own special event, and we have tried to get out to a number of those and a variety of those around the county and have information available so that people can stop and pick things up.”
- School based programs and projects
 - “We have groups that have been trained in doing teen against tobacco use, and actually have contracted with a school district to go around and do that training for other school districts so that their student groups can get involved in doing the training for their own schools.”
 - “We have also sponsored sending teams to the Teens Tobacco and Media Program that was put on by the University of Washington. That is also something that is going to be replicated and expanded.”
 - The diversion program in the high school for kids who are involved in sports and are caught smoking. They have a choice of either being kicked off of the team or attending the diversion class.
 - Tobacco Awareness class where students who have been suspended for tobacco possession for their first offense can go.
 - The TATU (Teens Against Tobacco Use).
 - Contracting with the educational service district to develop and implement a comprehensive non-smoking plan for high schools. “We had a pilot program last year and we are going to expand the program this year.”
 - Intervention and prevention activities, primarily at the school, that include extracurricular-type activities like field trips, a crafts class. “We do some after school kinds of programs that have intervention/prevention pieces with them. We use Here’s Looking at You 2000, the curriculum.”
 - Outreach to classrooms, giving presentations on tobacco outside of TATU groups
 - Heather Hoffberger at the high school who works on a grant for the school district. She has smoking cessation or smoking prevention or smoking diversion activities all year long in the school.
- Retailer education.
- A county wide smoke-free guide that has gone to all of the senior centers and to the Chamber of Commerce. The Chamber of Commerce has been spreading it out all over the county.
- The public health nurses are doing prevention programs, giving cessation messages, evaluating readiness to quit through WIC, the reproductive health program, the family planning program, and the first-step program, targeting pregnant and new mothers with little children.
- Building an adult advisory board around tobacco issues.
- Collecting information to put together a comprehensive youth advisory board from around the county. “We are doing that by getting youth interested in going to both the

department of health training and like the outreach trainings that happened this summer, and going to the state tobacco summit, the prevention summit.”

- Countywide poster contest for World NoTobacco Day. “Got all of the schools in the county involved in getting elementary, junior high and senior high school students involved in making posters for World No Tobacco Day and the theme was Tobacco Free You in 2002, and that was the theme that was picked by the advisory board and we had school choose their own winners and send us all the winners, and then from the winners we chose winners and had them copied and laminated so they could be put up in the communities and the schools where they came from. So it is the kid’s message that is reaching other kids in the community and what I found is that kids can do all kinds of things that adults can’t do, and I think that when kids talk prevention people really listen. It’s a great peer influence. I think that our main focus has been on peer prevention and teen intervention, because that is where kids are most pressured to start and it really gives them a good foundation in prevention across the board, not just with tobacco.”
- The laws
- Maintaining a video and brochure library
- Attending most of the community meetings. “People know that as a resource, so we get a lot of that information out to the community.”
- The health district
- Private practitioners talking to clients about tobacco use
- Media literacy
- Working with the doctors, giving them information on the Five-A model and about the quit line.
- Special Events:
 - Kick Butts Week. Hugs Fair, a fair for kids.
 - The Kick Butts Dance. “This year we received the Selecky Award for the most attended event in the state and the most media output in the state.”
 - Great American Smokeout. “Kids from the high school came down to the courthouse lawn and we put up plywood tombstones all over the courthouse the morning of the Great American Smokeout, and then they were up all day with a big banner talking about how many people die in Washington State every year from tobacco. That had an impact on the whole community because everybody drives by the courthouse everyday. It is on the main drag.”
- Tobacco prevention efforts at the county fair. “The health district has a machine that they bring, blow bubbles, not smoke. They put up banners in the pavilion hall and distribute information to people as they can.”
- At the recreation center, monthly nonsmoking dances with no-smoking messages for youth.
- “As the tobacco prevention coordinator, I mostly have a lot of great things going with the kids... The kids have been pretty visible. I have tried to get a lot of things in the local paper and things like that and I do have a real increasing number of adults who approach me or one of my coworkers and say ‘Wow this is really great what the kids are doing. We heard they did this or we saw them do that and we thought it was really great.’ So people are starting to take interest and notice that the youth are doing something and I am hoping that some adults will be stimulated.”

What suggestions do you have that would help us provide tobacco prevention and control in your community?

Suggestions revolved primarily around training and education, funding, laws and enforcement, and media.

Training and education:

- Provide capacity building training and development for non-tobacco control staff and community coalition members, so they could feel “I am a professional in this area, I do know something about tobacco prevention.” Schedule trainings locally, so they would not have to travel.
- Make training accessible. “Here it is a year later, and I am still waiting for an available training. I would pay for it. I have got the money. But everything that I have tried to get her signed up for has been canceled, or there just hasn’t been anything available, and I am not only contacting people locally, but I am keeping in touch with the Department of Health, and have contacts in Seattle and Spokane, and these things that we need to train people to do just haven’t been available.”
- Finding time to train. “The most cost effective; the brief intervention where you do the five-A assessment, and that would come directly from the healthcare practitioner. I have been talking to the clinic folks about that as well for a year. I finally have someone that is going to be trained to go out and do those trainings, but the really difficult part then is that he would really ideally like to do a four to six hour training, how do we shut our clinic down for that period of time so that everybody can go to this training and participate in this program, which would probably make the biggest difference in our community, and yet you can’t afford to close down the only game in town and say we are not taking care of folks today because we are all going to a training, plus the fact that it has taken me this long to even find someone that would come and do the training, and he is still in the process of working that out.”
- Set up a speakers’ bureau of people that are willing to come into schools and talk to kids. Send famous guest speakers, who overcame smoking or tobacco habits, or victims of some of the smoking related illnesses. “Kids don’t see people who are sick and who can’t walk and who need oxygen machines and who have stomas in their throats.”
- Educate:
 - About the law: “People aren’t really sure about what the laws are, what they can enforce and what types of laws the judges are interested in enforcing. For example, there are a lot of people out there that think that it is legal to give your children alcohol. Yes, like if you give your children alcohol and they drink it in your own home, then that is legal. That is not actually true. If you allow your children to become intoxicated that is a misdemeanor offense and yet we know for a fact that people are providing children with alcohol, and we also know that they are providing children with tobacco products.”
 - About buying cigarettes for minors.

- About the effects of tobacco, such as hypertension and low birth weight, with appropriate materials so that young mothers, for example, can understand that it is a danger, not an advantage to have babies that are “not too fat.”

Laws and Enforcement

- Place more and higher taxes on cigarettes so that it becomes much less attractive to use them.
- Support statewide and local efforts to ban cigarette smoking in public places, including restaurants and bars.
- Enforce laws, write citations. “An ad that I saw at one of our local Little Nickel papers, it was an advertisement for getting cartons of cigarettes from an Indian reservation either online or mailed directly to you by an 800-number order, which is something you would never see in Seattle, but I turned it into liquor control and I haven’t heard anything back yet, but this is the kind of stuff that they get away with in our area.”

Funding:

- “If a program has a chance of succeeding, fund it. I would say it would be better to fund lots of little things rather than one giant thing that comes and goes and is gone. Something that is ongoing, even a support group. This town has no tobacco support group. It has alcohol, it has drug, it has narcotic, it has food, but they don’t really have a tobacco support group. I would say that is something every community should have.”
- Increase funds for rural mobility grants so that people could “go to and from cessation classes or support groups, doctor’s appointments to see about patches, go to the library and check out a book on tobacco, whatever they choose to do that is going on in the community, attend the Kick Butts Dance or something. Mobility in this county is a real problem. Our funding was cut and they have cut back the number of drivers and so it is really hard for people to get out and about.”
- Guarantee funding for Heather Hoffberger who is contracted through ESD. “Her funding is always at risk of being cut and if she goes, basically the entire tobacco cessation or prevention program goes at the high school. It just doesn’t seem fair to her, the one person in the whole county, to have her funding cut when the other counties might have six or eight people and they could afford to have one or two cut and still at least have someone left in their community, whereas it’s an all or nothing here.”
- “Provide access to the patches through individual grants, allow us to access the patches easier or to help fund people who have already tried the patches once and it didn’t work, but to let them try again, because as it is now, if they are using their medical coupons they have to wait a year after they fail before they can try again, and yet it would be great if they tried it, they fail, they thought about it for a couple of months and then could try it again. We know it takes eight to twelve tries to quit smoking and it seems like they make a little leeway, they are motivated, we know because they are trying it and then they have to wait another year and who knows how much more damage is done.”

Increased time and staff for tobacco prevention.

- “Bring more people here (I really don’t think that we spend all of the money in our tobacco budget each year, so that the resources are there, it is just staff time and getting people to give up time to help support our programs.)”

Media and exposure:

- Provide more media attention/exposure to counteract the favorable role of smoking in the movies.
- Sponsor an event to draw attention to tobacco prevention, like a youth summit around tobacco issues.
- Team up and do a cooperative media campaign using some of the messages put out by the Department of Health, on the radios in Hood River or the Dalles would get to our community here as well as Klickitat County.
- “A lot of times when the Department of Health does a media campaign their focus, from our perspective is always on King County, or the Spokane/Olympia, the northwest regions, and we don’t get those TV channels, we don’t get those radio stations, so it is a little bit harder for us out here to get those messages. Because we are on the border of Oregon, I know that the Department of Health does spend some funds on Portland TV, but it is rare. That is who all of us watch, the Portland channels.”
- Integration of messaging into new venues like a secondhand smoke message through a dining guide distributed by the Visitors and Convention Bureau.

Other:

- Stronger coordination among the tobacco control partners and contractors.
- Integration of tobacco messaging into social service agencies like maternal child health and health care providers.
- Organize community opposition to tobacco companies and their activities, like sampling.
- Put pressure on organizations not to accept money from tobacco companies. “We have made a big effort to talk to our schools about not taking money from tobacco lobbies, and we have talked to different women’s groups who were offered money from tobacco industry to support their shelters, and we have talked to them about not taking their money and they have agreed, and I think it would be great not to take money from tobacco lobbyists at the movie level.”
- Don’t use tobacco as the only issue. Combine it with other existing programs.

TOBACCO CESSATION

5. If someone in your community wants to quit using tobacco where would they go?

There appear to be very few programs in the rural areas. Though several counties mentioned the Washington State Quit Line, they felt badly about promoting it when there were no local programs to back it up. They also stated that the Quit Line might not be appealing for everyone. “We haven’t had a lot of hits on the quit line as far as I can tell by looking at the data when I look it up on the Internet and stuff. But a few folks have

called about that. They call the Quit Line and they get some information and then the only place that it even mentions for our county that they can get additional help is here at the health district, and then if they call me and say ‘Do you guys have a class?’ I say no, and they feel like they have run up against a brick wall, so people don’t call here often, so mostly they just need to speak to their own physicians. I think if we could get something else available and then get the word out there that it was available, I wouldn’t be surprised if at least initially we had quite a bit of interest.”

- The Health Department or the hospital for a cessation and support groups
- The doctors, the providers in town, the clinic
- The school “We do a lot of intervention/prevention things... the school is the center of the community.”
- ALAW
- For adults, the only cessation program is a hypnotism program that is apparently getting some success.
- Together for Drug Free Youth for teens, not adults, “although I have often invited parents of teenagers to take the classes with them.”
- Once a year program through the Seventh Day Adventist Church
- Program over in the Dalles, in Oregon
- Portland, Vancouver
- “There is nothing basically. I just have to refer them out of the county.”

5. What else needs to be done around cessation in your community?

Focus on specific populations: target 18 – 34 year olds.

Increase cessation classes, expand cessation efforts:

- “Expand cessation to the upper county, which is difficult because of limited staff time. Basically the Health Department has taken on the cessation piece because we don’t have any other organizations in the community that are willing to take it on or have the resources to take it on. Our hospital is just a small public hospital and we don’t have any other organizations like Group Health or Kaiser or anything that would be able to offer cessation. That has been a problem in our community, just having other resources to do the classes. So, enhancing that. I don’t know what that would involve, if it would involve getting a collaborative effort between the Health Department and the hospital to get somebody to do cessation or what. But we would need resources such as training and money in order to do that.”
- Increase outreach/promotion in Spanish, partnering with the Yakima Nation.
- Form a local adult quit cessation agency: “There really isn’t anywhere for them to go, like I said before, and when we did have classes before they charged enormous amounts of money, and although people are spending enormous amounts on tobacco it is not quite the same when you are spending it on your habit.”

Provide nicotine replacement therapy assistance (NRT).

- “Because of the low-income area that we live in, having NRT is really an essential piece of getting people to be willing to try quitting and to be successful in it, because NRT is pretty expensive and a lot of our smokers in our community or tobacco users in our community do not have an insurance that covers NRT.”

Relevant education about cessation and available services.

- “Most people when they quit, they just quit cold turkey. I think that people need to understand that just because you have a patch, that doesn’t mean you are going to be any more (unless there is good education around it), successful than someone that just quit, and I think that is a real piece of misinformation out there, because what I run across is people thinking if only they could afford the patch, then they would quit, and of course the patch costs about as much as their cigarette habit so it’s comparable, but people are under this misimpression that the patch is going to be their magic cure and that is not my impression, so I think there needs to be better education around that.”

Provide on going support in convenient multiple locations.

- “If they make it through a six-week class, that’s great, but what happens three months from now, who can they talk to?”

Utilize people who used to smoke, or who are trying to quit smoking, to deliver the message.

- “When I see smokers in the clinic, I can speak to them from an advantage because I know it is hard to quit, and they seem to be a lot more accepting of this information from someone who is going through the struggle that they are rather than somebody who has never done it before and just doesn’t understand.”
- “It had never even crossed my mind that somebody who was basically into what I consider healthcare issues was a smoker. It is true, there are a lot of folks who are smokers who are in that role, and if those folks can make a difference and other folks can see that, I think that would make a huge difference.”

Set up TAP (Tobacco Awareness Program) and TEG (Tobacco Education Group) programs in the schools for teens who want to quit.

- “The schools have policies where if kids are caught smoking on campus or chewing that they need to have the kids look into cessation classes for them. I have had several people call and ask what to do for these kids. They are caught, we have nothing for them, what can we do for them. That was last year, when I was only one-third time, and I would tell them ‘Well, I have these programs for you if you have someone at your school that can teach the class, then great.’ ”

Provide more grants to fund cessation groups and classes.

- “It is very competitive... Our organization was only allowed to put in three grants for the whole organization, which covers two counties, and then maybe another organization, which only has one little county, could have three grants. It just doesn’t seem fair, because our little county, it would be great if we could have our own three

grants, but because we are associated in the health district we just had to apply for three total. So the big city gets most of the money and we just kind of get a little bit.”

TOBACCO MEDIA

5. Do you believe the tobacco industry is targeting your community?

Only one county responded in the negative. Another felt that they were only targeted “in the generic national sense,” because they didn’t have enough people to be of interest to the tobacco industry. Minimarts sell cigarettes at the grocery store. The county does not have billboards. They don’t have their own radio station, so they can’t run a radio ad. “But we are flying on the tails of magazines, TV, movies. I am starting to see more cigarettes appear in movies. It is amazing too because you used to just see cigarettes all the time in movies, now what you see is the cigarette is the token to let the viewer know that the players just had sex. You know it is that post-sex thing. It is just like, can’t we figure out another way to express that in films besides a cigarette. That is so dumb. “

A third county felt that because of its small size, tobacco companies were not really interested in it.

- “As far as this small community goes, we are luckier than some. The people that run our small, like our minimarts and stuff, you walk in and obviously there is advertising everywhere, but I had kids participate in a thing called Operation Storefront a few years ago and they actually go into the store, they have to get permission from the owner, and they actually count all of the visible numbers of advertising and they keep track. Our area was significantly less than say an area in Seattle or any of the major areas.”

The remaining counties definitely felt that they were targeted, from sampling, to exposure at fairs and clever giveaways, to huge cigarette displays at retailers.

- “We have a big rodeo in our county every Labor Day weekend and we definitely have a lot of tobacco industry advertising and sampling going on, pretty substantial sponsorship by like Copenhagen and they come down and do all kinds of special things and give out cans. So we have quite a bit of targeting in our community around that time as well as we have targeting going on in our bars aimed at the college students.”
- “I think the tobacco industry targets every community... You always see somebody with a shirt on, you know a Camel shirt or a Marlboro shirt, or Winston Racing Team.”
- “If you look at like I say the map of the sampling activities, there is no doubt that they target our community because of the sheer number of sampling events that take place, but also there is just a large number of retailers here, and I think it is very much a smoking community.”

- “They are doing that through magazines, movies as I had said before. We have a large lower socioeconomic level in our communities and I think the way that it is presented, the idea of success and glamour and all of that is just so appealing. We constantly are monitoring our retailers because the tobacco companies are always trying to get their products right up front on the shelves wherever they can. We have found that a lot of times the cigarettes are pulled back, but right up until about a year or two ago, all of the chew and everything was right down at knee level at many grocery stores, where little tiny kids could see it and pick it up. You know how they package things to look like toys or whatever.”

Smokeless tobacco was listed as another form of targeting. Copenhagen had huge tents at the popular rodeos, and was handing out samples.

- “We have a lot of problems with cigarettes, but we also probably have one of the highest rates of chew tobacco addiction. So that is very big here and you can go to many outdoor events and you can see people there still promoting with posters or shirts, things like that, a lot of chew and a lot of tobacco cigarettes. We have found, and as I have said there is a resistance to change. We were at a festival where they were giving away both alcohol and cigarette kind of toys, blow-up bottles and there were some children’s games where they were competitive games and the prizes were those blow-up alcohol bottles and cigarettes. You would think that that went out 10 or 20 years ago. I mean it is unusual I would say, but you still find it here and people were surprised when we confronted them about it. I don’t get it, kids coming home with Budweiser posters as prizes. They are still targeting.”

There were several remarks that the targeting has become more subtle, and communities are concerned that people are being taken in by the subtlety.

- “We don’t have the commercials on TV like we did when I was a kid. Those commercials had the best music, rugged-looking actors and actresses and that drew people into it. Now I think it is more subtle things like equipment or clothes or things of that nature.”
- “Joe Camel went away, but now they are coming out with these slick plastic cigarette holders, cases. The coupons that you get at the grocery store, for heaven’s sake, you buy a tobacco product, you get coupons. You get things in the mail.”
- “The concerts out here, if they see you smoking when you walk into the Gorge, Camel has a tent set up where you go in, and to their credit your ID is checked and your age is confirmed at least eight times as you walk through here, but you go in and it is set up. You get free cigarettes, you get to sit in there and drink alcohol, and they go out and actively promote this. And the worst part is not even just the fact that they are giving all of this tobacco to people, that are of age and want to use it, but it is set up in such a way that it looks incredibly tantalizing to people who are too young. Like, wow that’s where all the fun is.”

5. What media format (radio, TV, newspaper etc.) would be most effective in reaching your community?

There is not a lot of media available. Radio was the most consistent response. Several of the stations are not even local, but out of area. Finally they have become very creative with limited resources, using less traditional vehicles to “spread the message.”

TV – Mainstream broadcast:

- “If about three or four of those rappers would come out with anti-smoking songs that would be great.”
- “As far as the TV goes, we don’t have a station out of Ellensburg. The closest one is out of Yakima and people that get cable will get the Yakima stations and also KOMO out of Seattle. A lot of people in this area have the dish or satellite TV, and that, because of the area that we are in, we are not able to get local news station. We don’t get Yakima, we don’t get Seattle. Usually we will get something out of New York or Washington D.C. or California as your news. We don’t get the local campaign information, so that is kind of a difficulty as far as people hearing the TV commercials and all of those ads that are out. Supposedly that is supposed to change in the next couple of years and we are supposed to have access to the Seattle stations, but they have been saying that for a long time now.”

Radio was listed the most often, but people noted that it is important to make sure to target the right stations:

- “We have two main local radio stations that are pretty widely listened to, and they would be pretty effective.”
- “We don’t have any local TV stations, but we do have some local radio stations, so I think that would be a good place. One of the things that I want to do this upcoming year is to have a chance to write up some public service announcements and get them on the radio because a lot of people listen to our local radio station.”
- “Radio is really big. It’s huge for teens, but it is also huge in the adult and the teen community among our Hispanic culture. I think if we want to target the Hispanic culture we would definitely go, I mean you could almost go primarily and solely with radio. But to our teens I would go to our teen stations on the radio and then if you wanted to hit the adult radios I don’t think that would be of use actually, I think it is more billboards and television for adults, but for teens I think you could go to TV and radio.”
- “We get a little bit of the radio ads out here. The Department of Health has tried to put some on the Portland stations so that now we will get them out here. The problem in the beginning was that they were putting them on radio stations that the kids weren’t really listening to. But Department of Health was good in listening to us with that and trying different stations for that. We get really nothing on TV.”

Newspaper

- We have two local newspapers, one in upper county and one in Ellensburg that are pretty effective in getting messages out.
- There is no radio. There is no TV. There is the newspaper, so that would be very good.

Internet

- “I have often wondered why on AOL, every time you click on to AOL, you can see a picture of Osama Bin Laden and I thought wouldn’t it be cool if every time you clicked on to AOL you saw an anti-tobacco message or something about it not being cool. Because they have the instant message market you just literally have millions of kids all over the country using it. I think that would be a definite easy hit. Something real colorful and it has to be something, I think, that is showing that it is not cool.”

Billboards:

- “For every advertisement that is up for cigarettes I think that we ought to be able to put up two against it, and I love the State’s commercials that have come out, where they show the kids going around, and kind of in your face with the dog feces, it has the ammonia in it, and all of those different ones, they have gotten my kids attention.”
- “We don’t have very many billboards. We did purchase one billboard, and that is between Oregon and Washington, and so that is nice because that is a really busy section that is traveled when people do a lot of other shopping in the Dalles. So that was great that we could get that one up, but we don’t have buses to be putting those messages on, or walls where they could put them, or even movie theaters.”
- “We do have one billboard that has one of the tobacco smoke use ads on it. It is a little ways outside of town. I pass it whenever I come back home from Othello, and ... those are very effective and most people don’t want to see more billboards anywhere, but the kids really take note of those things, and those types of commercials that you mentioned, those real in your face things, whenever I go up into the school to do some type of presentation or something, the first thing the kids talk about are how cool those ads are. They say ‘I saw the lady who smokes through a hole in her throat.’ The kids really are tuned in to those, and it starts about junior high level and it goes clear up through the high school kids. Some of the kids think they’re cool even if they do smoke.”

Buttons.

Non local Media:

- “The TV that we watch mostly comes out of Spokane ... and I think that Spokane County, they spend a lot of their money on anti-advertising, or counter-advertising. And we get the effects of that, which is very nice because we don’t have to pay for it, but we don’t really have TV or radio stations right here, so media for us, it pretty much depends on what larger areas are doing and then it filters down to us.”

More emphasis placed on chewing tobacco

- “Because we are in a rural area. You have more of the cowboy-type mentality, the bull rider with the Copenhagen ring in his back pocket and I think that we are missing a segment in the education, because these boys think they are not smoking, this isn’t as bad. I would like to see just as many pictures of young men out there who have lost half their faces because of oral cancer as are the lady with the hole in her throat.”

One ad that said the Washington **and** Oregon Quit Line, not just “Washington” or “Oregon.”

- “It is the same phone number, so that people really understand that it is the same message. So there is a lot of education that we are trying to do with people, so if you see the ad it applies to Washington as well.”
- “Crossing counties and doing a cooperative thing, even with quit line, I mean you might be sharing the phone number, but what you can access when you call is different in one state versus another, which I find unusual.”

Banners:

- “They were good at giving us some big vinyl banners, so those will be on the wall.”

Inserts in bills, on grocery bags, fliers in the mail:

- “We are trying to be creative, we could print them on grocery bags or we have the check mailers that we used out here, and I know that they probably weren’t all that successful in some of the bigger areas, but for us that was nice. We were able to put them in our power bills, so that reached 1000 people in the community.”
- “One thing that we found successful with the basic health plan was the fliers and the PUD mailing, putting fliers in paychecks of the big companies, that has worked, so at least we know that the PUD billings reach everybody. The next Monday after they go out we get lots of calls for whatever the information is that we put in there. It is a real good way to do it. But you have to share with the rest of the community. You have to kind of organize that and put it out ahead of time.”

Outreach to the areas where everyone goes:

- “We all have post offices, so maybe we could hang around there, because pretty much everybody has a P.O. Box, and definitely the churches. We are just trying to look at commonalties among a lot of the small rural areas, and where do people go. Everybody has to shop for food, grocery stores. The main things. Gas stations are good. We are fighting against the tobacco, all of their ads that are sitting out there too.”

Announcements

- “Announcements at the high school go over well. There are the high school sports games, they are very well attended, so if someone were to get involved in the booster club, I don’t know what they publish exactly, but it is a little schedule and that would be very good. There really is not any media here, so when I am doing something I do posters and newspaper and word of mouth to key players in the community and then they pass it on to people that they see.”

Attendance at community meetings:

- “I attend three different community meetings every month, and there is a little bit of overlap, but mostly there is not.”

Ads in quarterly community events newsletter

- “It is published four times a year and it reaches about two to four thousand residents every time it comes out and that is the community events newspaper. The nice thing about that one is that it is not just read one week and then thrown out, it stays around because it covers an entire three-month period, and then they get another one and it sticks around. Renting an ad in that would be good.”

TOBACCO POLICY

12. What types of tobacco rules and regulations currently exist in your community?

Generally, little was cited beyond the state regulated, state mandated actions: no smoking in public buildings, no purchasing of cigarettes until the age of eighteen. There did seem to be an increase in number of smoke-free restaurants and in compliance.

- “We don’t have any local ordinances that supersede anything that the state has, and again that is because of that conservative climate that we have where the commissioners are unwilling to approach anything like that.”
- “We don’t have any kind of county policies or even community policies about smoking in restaurants, around second-hand smoke either. Or even smoking in parks or those types of things, and I know that other counties across the state are getting geared up where they can at least do like a voluntary tobacco-free zone type of a thing. We may get there, but I think we’re just definitely further behind.”

Compliance check regulations

Minor and possession of tobacco regulations

- “Three years ago when the new minor in possession laws came about, one of the local judges had contacted me and asked if I could do some sort of a cessation program, something fairly short but a few hours long when they had youth that were picked up and giving them that option as opposed to a fine or something like that.”

Schools have no tobacco, no drugs, and no alcohol policies.

- “If kids do get caught smoking on grounds, which really surprisingly happens quite seldom. I mean they do smoke but it is off school grounds where they can’t do much to them. But when they do have the occasional kid that gets caught, it is usually a two or three day suspension. I have done cessation classes, but they are very slightly attended. The kids are embarrassed. The kids don’t really want to come and sit in Mrs. Potts class during study hall. It doesn’t go over very well. There is that option, but most schools are not using it. Most of the schools are just expelling the kid for a couple of days and it has really not made any change in the kid’s life at all. They

probably spent the days that they were on suspension sitting at home smoking cigarettes in front of the television.”

- “You can’t smoke at all if you are in high school on a sports team. It doesn’t matter where you were when you were caught. It doesn’t have to be on school grounds, you have to go to this diversion if you want to stay on the team.”

Posters and signs in shops:

- “We have a couple of stores and they have posters indicating their refusal to sell to minors. I think by putting the sticker out on the counter that says ‘We will card everybody’, helps. It lets the storeowners off the hook when they tell somebody no. Nobody wants to be the hard guy. It lets them off the hook, it’s the laws fault, and that works.”

Smoking and non-smoking sections in restaurants, which isn’t always effective, was present in some, but not all communities:

- “The sad thing is that some of those places are just across the room from each other so when you walk in you are going to get the smoke smell on you. I really don’t like that, but it beats the casino. You walk into a casino and you walk out and you have to wash your clothes and take a shower.”

The community recreation center events are no-smoking events. Hospitals have clean environment policies.

Peer pressure:

- “I think there is a lot of positive pressure that way because our community certainly is a very sports oriented community, and the kids themselves put pressure on one another. It is a small enough town.” Some years there are only 10 graduating seniors.

Support across state lines. One community suggested that it would be helpful if states closely bordering their counties had similar laws, so they could support each other and reduce the temptation of people to cross borders.

- “Anywhere where a kid under the age of 18 is going to be they don’t have smoking. So it kind of is nice when we follow Oregon or vice versa.”

Even when there are laws, lack of enforcement of the regulations was cited several times as a problem.

- “Police just don’t have time to go out there and issue citations for the kids that are caught using, and when they do, the kids don’t show up to court or there is really no way to make sure that they do attend their court date or any of that stuff, so we have talked about having kind of an alternative for them, if they came to like the TEG program or something like that. So maybe that would help us to start to get that enforced, but again the police are saying that they don’t have time to be driving around when they have 20 deputies for the whole county, and that’s it.”
- “In all of this time I think that they have picked up one kid. People are busy and it’s not a high priority and even though that rule is there, nothing happens with it. I know that there are a lot of our local policemen though, if they see a bunch of kids sitting in

the park or sitting on a street corner, they will stop and talk to them and if they know they smoke they will give them a hard time, make them put it out or whatever, but there isn't really any legal thing that goes along with it, and I am not sure that that is a bad thing."

Lack of political motivation was another barrier toward passing regulations. So was the influence of businessmen who are concerned that regulations might decrease their business.

- "I understand that they are worried about, you know, people have livelihoods here and this is their business, and it can get touchy, but it is going to take a lot of work to move us along the lines and try to prove to them that they are actually not going to lose business, but that they may increase business and things like that. So there is a lot of community education to be done around that."

Are the people in the community aware of any or all of these efforts?

One community felt that efforts were not publicized. Several communities felt that even if people in their community were mostly unaware, they were aware of the compliance checks, primarily because they were publicized.

- "They know about compliance checks very well. We do the compliance checks on our stores. We print up a list of people who were actually successful. We don't say anything about the people who weren't, but we recognize those people. We give them posters to place in their store that shows that they do not sell to minors. They usually put it in a prominent place and people notice. People talk to us about it and say that they have seen it."

Other types of publicity also help to make people aware.

- "We put up billboards around our area too, and we have billboards on our local buses that go throughout the counties. People have called in, mostly in favor telling us how they like that, but we have gotten people who have called saying that they just think this is wrong and it is their right to smoke, so they know that this is happening, but I think there could be a lot more done to make these people aware, and I think it would be really helpful in changing the attitudes."
- "You couldn't miss the gravestones on the lawn, I mean you just couldn't. There was like a hundred of them, and it was a pretty big display. It was great that the kids came out to do it."

The schools are doing a good job of spreading the word.

- "I think that all of the people who have kids in school pretty much know the rules, and I think that most people have had kids in school, or there are the younger families that have kids coming up in school."

People are starting to become more aware of the minor in possession laws, especially as the juvenile probation group and judges begin referring youth to some kind of diversion course for the minor in possession of tobacco.

Annual events help to bring recognition to the dangers of tobacco as well as personal acquaintance with someone who has a tobacco related illness.

- “Every year the American Lung Association sponsors the cancer walk, or is it the American Cancer Society? I believe it is the American Cancer Society that sponsors that. That is a pretty well received activity, a lot of community support. But cancer focus is not necessarily smoking focus, and you don’t have to go very far to find somebody who has a relative who has died from a tobacco-related illness, so I think that they are becoming aware of activities and I think that you run into a bit of opposition. I remember when they voted in the new tax last fall, there were a lot of angry people that just thought that that was a complete invasion of their rights and so there is definitely an awareness, whether or not there is support. I think in some ways there is support and in other ways I think people are against cancer but they are not necessarily against cigarettes.”

Conclusions:

The rural communities paint a rather impoverished picture as far as tobacco support programs are concerned. They have little or nothing to offer: scant resources, few organizations or programs, scant population that is widely dispersed and little public transportation.

It appears that schools are the primary centers of programs, and the logical place to have programs. Not only do people tend to agree that it is important to get to kids while they are still young, but the community as a whole cherishes its youth and supports efforts on their behalf. Transportation, which was cited as a problem in rural communities, is not an issue for programs conducted within the schools themselves.

The communities point out inherent contradictory influences at work. Though the communities perceived support only for youth programs, they acknowledge that older people are more willing to quit than younger ones.

“They come up with a lot of creative ideas at the Department of Health, but they just don’t reach our communities, unfortunately.” Because of differences in various rural areas and accessibility to media and other resources, a policy of funding small, local projects that have been proven or that can respond to the particular situation of that community seem appropriate. Scarcity breeds creativity and smallness breeds familiarity. Rural communities have demonstrated that they are taking a variety of approaches that work effectively in their individual communities. It seems that money spent supporting those efforts would be well spent.

Along with funding of projects, it seems important that at least one person per county be available, preferably full time, to work on tobacco issues, supported by training.

It also seemed very clear that to be supported, tobacco prevention and cessation efforts need to be linked or piggyback onto other prevention efforts in the community.

Rural communities appear to be at an earlier stage in prevention/cessation efforts than some of their urban counterparts. The focus in rural areas is on changing social norms (from socially important to socially negative), because

- more people in rural areas smoke
- many don't even acknowledge or agree that smoking is bad
- more people are resistant to change and government intervention (Keep government and its laws off my body – that's why I'm in a rural area to begin with)
- lower education and economic levels

Because of limited staff and resources, rural communities could use help and support to strengthen anti-tobacco and anti-smoking laws and enforcement of those laws.

The rural communities were very pleased at having a chance to present their ideas, and hopeful that it might lead to further efforts in their communities.

- “I think the Department of Health has been incredibly forward thinking about this whole issue of tobacco and I am actually very pleased and proud to be part of the state tobacco prevention program. It is a very topnotch organization.”
- “It is very impressive, all the way up to the top, and it really proves to me again that integrity comes from the top down, and Mary Selecky is head and shoulders above her peers in this particular venue.”

Main issues:

- Tobacco can't stand alone – it needs to be linked to other prevention measures or activities. “Tobacco is just one more thing, aside from family planning, aside from substance abuse, and aside from violence prevention and things like that.”
- The focus needs to be on youth because people don't support adult prevention programs. Youth can inspire adults.
- Severely limited resources rurally. “Unfortunately I think that our resources are kind of tapped and so there is a little bit going on elsewhere, but pretty much for me to get things self sustained in each school or hospitals or things like that, there is not really that one person in there that is willing to take it on. So it kind of makes it difficult, because I usually look at my role as being more or less a resource for them and something to get it started and to help them and support them, but it turns out that I end up carrying out the activities as well.”
- Lack of training for staff, community members, coalitions
- Small community, so not too many people to draw on – everyone wearing the same hats: “I can remember the first month when I started working and I was calling people saying we were going to get tobacco coalition started, and you could just kind of here the big sigh in their voice, like oh no, another coalition. So instead we are trying to look and refocus and maybe we would do more of a prevention coalition where we address a bunch of substance abuse issues, a lot of the same people, but it is more of a broad thing.”
- “I guess the biggest frustration is that in all of our areas, the rural areas all have a minimum of half time now in their tobacco programs, and so not only are you doing prevention cessation, you are also doing compliance checks, the whole thing, but you

are also trying to fill those gaps where the media isn't getting here, and trying to change community norms and just do a little bit of everything, whereas you go to a bigger county then they have four or five people on their tobacco prevention team, and everybody's full time in just use prevention, or full-time in just cessation, or whatever, so you have to be creative and you just have to learn that that's how we have to do it around here, just small steps and you can't get too upset about it."

"One of the big problems, as I see it, is that [tobacco] is a legal product. That really flies in the face of what we are trying to do."

But there is hope in the long term. "I think that just about everybody now has seen the disease tick along, and they have seen the tar jars and all these things that their parents may not have seen, so it is not going to be the same for upcoming generations. I think that there is going to be a shift in attitude, especially with those that are stuck in the car while their parents are smoking."